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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number		09/888,757-Conf. #2885
	Filing Date		June 25, 2001
	First Named Inventor		John E. Ahern
	Title	SYSTEMS AND METHODS FOR LOCAL DELIVERY OF AN AGENT	
	Art Unit		3763
	Examiner Name		C. S. Williams
Attorney Docket No.		B0953.70017US00	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

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Name	Registration Number	Name	Registration Number

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Jean F. Miller</i>	Date	March 28, 2008
Name	Jean F. Miller	Telephone	908.277.8000
Title and Company Authorized Signer, C.R. Bard, Inc., Assistant Secretary			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.
Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: April 15, 2008Signature: Christine Doyle (Christine Doyle)